Early community members to arrive at the Mwananyamala Mwinjuma street public meeting for the MVC identification

FAMILY HEALTH INTERNATIONAL

PAMOJA TUWALEE PROGRAM

Cooperative Agreement No. 621-A-00-10-00027-00

Quarterly Performance Narrative Report

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Submitted to: Elizabeth Lema
USAID Tanzania

For further information contact:
Priskila Gobba
Old Bagamoyo Road, Plot 565 Kawe Beach
Tel: 255 754 783445
Dar es Salaam

ACRONYMS

ABC	Association of Business Coalition
AIDS	Acquired Immune Deficiency Syndrome
AOTR	Agreement Officer's Technical Representative
CPWG	Child Protection Working Group
CSI	Child Status Index
CSO	Civil Society Organization
DC	District Council
DCDOs	District Community Development Officers
DED	District Executive Director
DMS	Data Management System
DSM	Dar Es Salaam
DSW	Department of Social Welfare
DSWOs	District Social Welfare Officers
FHI	Family Health International
FY	Fiscal Year
GIS	Geographic Information Systems
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
ID	Identification
IPG	Implementing Partners Group
LGA	Local Government Authority
M&E	Monitoring and Evaluation
MEO	Mtaa Executive Office (r)
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA	National Costed Plan of Action for Most Vulnerable Children
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PASADA	Pastoral Activities and Services for people with HIV and AIDS DSM Archdiocese
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public-Private Partnership
RFA	Regional Facilitating Agency
REPSSI	Regional Psychosocial Support Initiative
RH	Reproductive Health
RITA	Registration, Insolvency and Trusteeship Agency
USAID	United States Agency for International Development
USG	United States Government
UNICEF	United Nations International Children's Emergency Fund
WAMA	Wanawake na Maendeleo
WAMATA	Walio katika Mapambano ya Ukimwi Tanzania (Meaning organization in fight against HIV and AIDS)
WEO	Ward Executive Office (r)
YAM	Youth Alive Movement

EXECUTIVE SUMMARY

Pamoja Tuwalee is a five year program beginning from June 2010 to May 2015. The program which is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International development (USAID), is being implemented by 4 partners in 5 zones of Coast, Central, Lake, Northern and Southern. FHI covers the Coast zone which includes the regions of Dar Es Salaam, Morogoro and Coast in the mainland and Zanzibar. The broad goal of FHI Pamoja Tuwalee is to improve the quality of life and well-being of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive, sustainable care, support and protection. The program collaborates with MVC serving Civil Society Organizations (CSOs) at the district level in pursuing her set objectives.

In this first year of implementation, the program executes her planned activities in Dar es Salaam region only, with plans to scale to the other regions in year two (Fiscal Year 2012) when TUNAJALI Program phases out. Dar es Salaam which is one of the fastest populations growing city in Tanzania, is second hit with HIV and AIDS at a prevalence of 9%, [1] the adverse effects of which has left many households economically unstable and many orphaned children. Although the program was to cover the whole region, this year concentration is in Ilala and Kinondoni municipalities, while Temeke is left to PASADA who have been serving majority of the district's MVC with direct funding from USAID.

In the previous quarter, the program had focused in recruitment of staff, establishing baseline information for informing its plans and advocating for MVC agenda within the local government and with her technical partners. This reporting quarter, in addition to completing establishment of baseline information, the program has actively begun rolling out her implementation through contracting WAMATA and YAM, the local implementing partners in Kinondoni and Ilala Municipalities respectively and facilitating the same in developing work plans and budgets for year one. The program has also facilitated the identification of MVC in 20 wards, 10 in each Municipality through the use of less costly revised ID process which entailed training of 105 district and ward government personnel in MVC identification process as detailed in the latter part of this report. Also, 3229 MVC (1,646M and 1,583F) were provided with Psychological support during the reporting period.

[1] Tanzania Commission for AIDS et al, Tanzania HIV/AIDS and Malaria Indicator Survey, 2007- 08 http://www.aidsportal.org/repos/AIS6_05_14_09.pdf

REGIONAL IMPLEMENTATION REPORT

BACKGROUND

In her first year of implementation, FHI Pamoja Tuwalee program has continued to execute her planned activities in Dar es Salaam region only, which is also one of the largest cities in Tanzania. Dar es Salaam which includes three administrative municipalities of Ilala, Temeke, and Kinondoni, is situated on the East Coast part of the country. On the East, it borders the Indian Ocean and on all other sides, the Coast region. It is the commercial centre and also the country's richest city.[2] Dar es Salaam is one of the fastest populations growing city in Tanzania, reported to have a population of 2.5million by the official 2002 National census with a growing rate of 4.3% per annum[1] estimating the population to 3.5million in 2010 . The high growth rate is fueled by increased rural to urban immigration with an influx of people of all tribes from mainland Tanzania and Zanzibar, increased birth rates, and more significantly by transient population. The region is second hit with HIV and AIDS at a prevalence of 9%, [3] the adverse effects of which has left many households economically unstable and many orphaned children.

The whole region of Dar es Salaam has a total of 90 wards and 453 streets (mitaa). However, in the Municipals of Ilala and Kinondoni, where the program is being implemented this year there are 60 wards and 273 mitaa as detailed in Table 1 below.

Table 1*: Number of wards and streets in the three Municipalities of Dar es Salaam*

District	Wards	Streets/ Mitaa
Kinondoni	34	171
Ilala	26	102
Total	**60**	**273**

Majority of people in the city are engaged in business and servicing activities like tourism, petty trades, utility services, local industries. Others are involved in transport and communication,

[2] Dar es Salaam City Profile, 2004. Cities and Health Programme, WHO Centre for Development, Kobe, Japan, Website: www.dcc.go.tz ,

[3] Tanzania Commission for AIDS et al, Tanzania HIV/AIDS and Malaria Indicator Survey, 2007- 08 http://www.aidsportal.org/repos/AIS6_05_14_09.pdf

urban agriculture, mining and quarry, construction, manufacturing, finance and insurance, public administration and social welfare services.

The social– economic status of the residents varies significantly within the municipality and between one municipality and the other. Between the two municipalities where the program is focusing this year, Kinondoni is mostly populated with many high-income[4] suburbs, but also with low income neighborhoods such as Manzese, Tandale, Mwananyamala and Kigogo where people live in poor settlements with low quality housing and inadequate social services[5]. Ilala which is an old planned part of the city is largely urbanized,[6] housing almost all government offices, ministries and other non- governmental business offices. However, residents of Ilala were estimated to have a poverty rate of 13% and unemployment rate of 40.5% in 2004[7].

With the rise in urbanization and the experienced effects of HIV and AIDS, there has been concern to the increase in the problem of most vulnerable children[6] and that of street children in all the three districts. While up until now the statistical evidence on the extent of the problem of most vulnerable children is lacking, there is much observable evidence of the problem of street children as one visits markets, cross roads, bus stands, ferry and dump sites, where a lot of young children are seen during school hours. During the night, along most of the traffic lights, children are seen begging for money or trying to earn some by forcing to clean cars.

Working in Dar es Salaam, the program has the opportunity to tap into expertise of different pre-existing national and international partners and networking with various local, international and committed business partners to ensure provision of quality and comprehensive care to MVC. To date, the program has continued to identify partners and establish good working relations with them, at the same time enjoying the good established cooperation with the District Councils (DC) and Department of Social Welfare of the Ministry of Health and Social Welfare (MoHSW). The program will leverage the existing expertise of these partners in different areas of care provision to enrich the support given to MVC and their households and address its sustainability.

In the previous quarter the program had focused in recruitment of staff, establishing baseline information for informing its plans, lobbying and advocacy for OVC agenda within the government structure and with her technical partners. This quarter the program has actively

[4] Dar es salaam Wikipedia. The free encyclopedia cited on 26th Jan 2011 from http://en.wikipedia.org/wiki/Dar_es_Salaam
[5] http://en.wikipedia.org/wiki/Dar_es_Salaam
[6] International Development Research Centre. Dar es salaam DSS (Population and health in developing countries), Indepth 2002. Cited on 26th Jan 2011 from http://www.idrc.ca/en/ev-43009-201-1-DO_TOPIC.html
[7] Ilala Municipal Council, Five-Year Implementation Report, 2004, downloaded from http://www.docstoc.com/docs/49873203/PROFILE-OF-TANZANIA

begun rolling out the implementation through selection of local implementing partners, trainings, identification and serving MVC as detailed in this report.

ACTIVITIES ACCOMPLISHED

Identification of the Most Vulnerable Children

During this reporting quarter the program has facilitated the national identification of most vulnerable children in Ilala and Kinondoni Municipalities. Though coupled with some challenges, FHI Pamoja Tuwalee implemented the new proposed MVC identification process which aimed at reducing the cost of the entire exercise from the use of over $ 100,000 to a maximum of $ 24,000 for 40 mitaa/villages in one district. The actual amount spent will be established next quarter and the comparison will be communicated in the next quarter. Below are some of the accomplishments of the MVC ID process:

(i) ***Training of MVC identification team at the district level***

FHI Pamoja Tuwalee program staff worked with the District Social Welfare Officers (DSWOs), Trainer of National Facilitators and FHI System Strengthening Program to revise and prepare the training curriculum for the district facilitators based on the revised/shorter identification process version. FHI Pamoja Tuwalee deputy program director and national facilitator trainers from DSW trained a team of 32 district facilitators from Dar Es Salaam, Lindi and Singida regions for 5 days. The three districts of Ilala, Kinondoni and Temeke from Dar Es Salaam region were represented by 10 participants out of whom 8 were DSWOs and 2 were District Community Development Officers (DCDOs).

A team of district facilitators in a meeting to finalize plans for the MVC ID process and the household status and needs assessment.

(ii) Orientation of ward identification teams

In collaboration with the respective District Executive Directors (DED), the district facilitators from Ilala and Kinondoni selected 10 wards from each district, to be supported by Pamoja Tuwalee in rolling out the MVC ID process. For convenience, time management, smooth coordination and planning, FHI Pamoja Tuwalee in collaboration with Ilala and Kinondoni identification teams decided to select one ward facilitator from each mtaa to participate in the identification process to ensure that soon after the orientation each facilitator will be given one mtaa to facilitate the actual MVC identification process. An average of 5 mitaa in each ward were involved in the identification, hence a total of 95 ward facilitators (38 M, 57F) being oriented on the identification exercise. Pamoja Tuwalee staff together with the district MVC Identification team reported above facilitated the orientation to ward facilitators.

(iii) Public meetings, formation of MVCCs and actual identification of MVC

The trained ward facilitators in collaboration with the mtaa leaders prepared for and conducted the public meetings to identify MVC and select MVCC members. Given the relatively great urbanization in Dar es Salaam, with its effect on the lifestyle of most communities, there were concerns of whether mitaa public meetings for identifying MVC will actually happen. To address this, the program decided to use anonymous observers from our local implementing partners in all the involved mitaa to inform the program on these public meetings.

Early community members to arrive at the Mwananyamala Mwinjuma street public meeting for the MVC identification

A total of 92 MVCCs were established during the mitaa public meetings, which is 184% of the program target of 50 MVCCs this fiscal year. The high increase is due to adoption of the revised shorter and less costly ID process against the earlier more costly version. During this process, a total 922 MVCC members (480M, 442F) from 92 committees were oriented on their roles and responsibilities, MVC data collection, management and use. After their training, MVCC members conducted house to house transect walk to verify, assess and document MVC and household status information.

Newly selected MVCC members in Makangira street Kinondoni district completing MVC assessment information in MVC registers

A total of 9,963 MVC (5,012M; 4,951F) have been identified in the 92 mitaa. Data will be analysed to identify the general priority needs of each child as well as the needs and strength of each MVC household. This will inform plans on MVC support and their households. A detailed report of the entire identification exercise will be shared in the next quarter.

Sub contracting of local and technical implementing partners

This quarter a pre-award assessment was conducted to three short listed organizations in Ilala municipality and RC Archdiocese of Dar es Salaam – Youth Alive Movement (YAM) was the selected local implementing partner for Ilala district. Subsequently, the contracting process for both YAM and WAMATA was completed – the former an FBO and the latter is a CBO identified in quarter one for implementation in Kinondoni municipality.

WAMATA which is the first local NGO to intervene against HIV & AIDS in Tanzania was registered in 1990, with the aim of empowering community to prevent the spread of HIV &AIDS and mitigate its impact in the community through information sharing and support to those who are infected and affected. Together with her experience of working in 10 regions of Tanzania and Pemba Island, WAMATA has rich community experience, from working in DSM for 20 years implementing HIV/AIDS community prevention programs, home based care services and supporting care for MVC, with funds from various donors. Their previous experiences in MVC support has been in provision of psychological support, partly through the running of children clubs. WAMATA has also been involved in provision of educational support in terms of school materials, admission to vocational centres and follow up start up kits for qualifying MVC, provision of nutritional and legal support.

YAM which is under the Dar es Salaam Catholic Archbishop was initiated since 1994 as a club that aimed at influencing youth behavior change to prevent spread of HIV using an "education for life" approach that targeted individual youth behavior. Over the years, this has advanced to advocate and support HIV and AIDS preventive behavior for youth and their parents/ guardians, provision of home based care services, community mobilization for MVC support and provision of other support for MVC including school material support, psychosocial support and building of livelihood skills among youths and MVC in DSM.

Both organizations ranked higher in their capacity and experience in implementing similar MVC support programs compared to other organizations with which they were assessed.

WAMA and PASADA: During this quarter there has been several consultation meetings to prepare ground work for working with WAMA and PASADA who are our technical partners in advocating for MVC support and building capacity in assisting MVC who are gender based victims and those with disabilities. PASADA's contract has been approved and work plans reviewed to align with the program's first year implementation plan. WAMA contract has been prepared, reviewed at country level and now has been sent to FHI HQ for further review and approval. In the following quarter, PASADA will start with their training activities, where as WAMA continues to establish ground work for the advocacy campaigns in early year two.

Sub grantee work plans and budgets

Both WAMATA and YAM were oriented to the program with emphasis on the strategy, approach and objectives as well as donor's financial rules and regulations. Also, they were facilitated in developing their work plans and budgets for year one. The process was participatory as it also aimed at building the capacities of respective sub grantees in planning and budgeting. The plans and the budgets have been approved, and forms part of the contracts drawn and signed. Process of fund disbursement for the implementation is in final stages. Both partners were highly involved in providing their field experience during planning and actual MVC identification process.

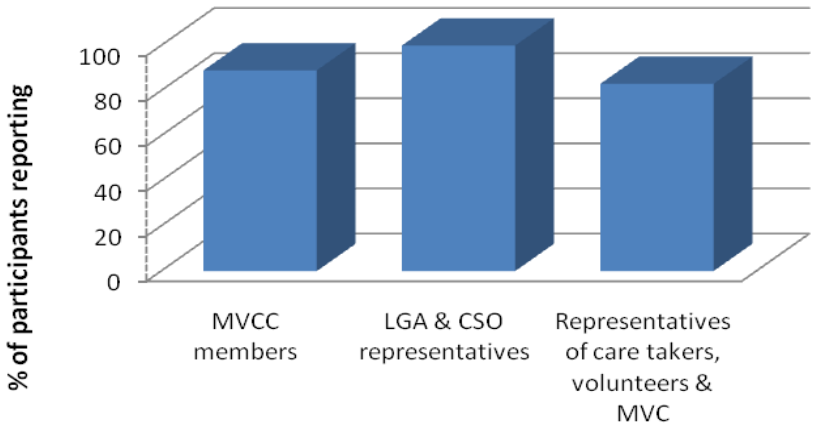
Establishing baseline information

During the reporting period, there was some progress in establishment of baseline information for the program. Analysis and reporting of data collected in the previous quarter for MVCC Status and Needs Assessment and for the Mapping Exercise to identify service providers in Ilala and Kinondoni have been finalized. Here are the highlights of the findings and the way forward for the program, with details in the full reports in ***annexe A*** and ***annexe B*** respectively:

Highlights from MVCC status and needs assessment in Temeke District council.

Analysis of this assessment has provided evidence of the usefulness of these committees, despite little efforts that have been put to strengthen and support their

Figure 1: Proportion of participants in each group who appreciate the existence of MVCCs.



functionality. More than 75% of each group of participants appreciated the existence of the MVCCs as detailed in Figure 1. Participants from all the three groups identified key achievements of these committees to include; 1) Facilitation of the MVC identification which has quantified the extent of MVC problem in their mitaa, 2) Have conducted community sensitization on MVC issues and managed to solicit some support in caring for MVC, 3) MVCC have been involved in service provision, mainly in identifying the target groups and coordinating the distribution of support and 4) there is recognition of the existence of MVCC by some service providers and local authority who have used MVCC to facilitate care provision to MVC.

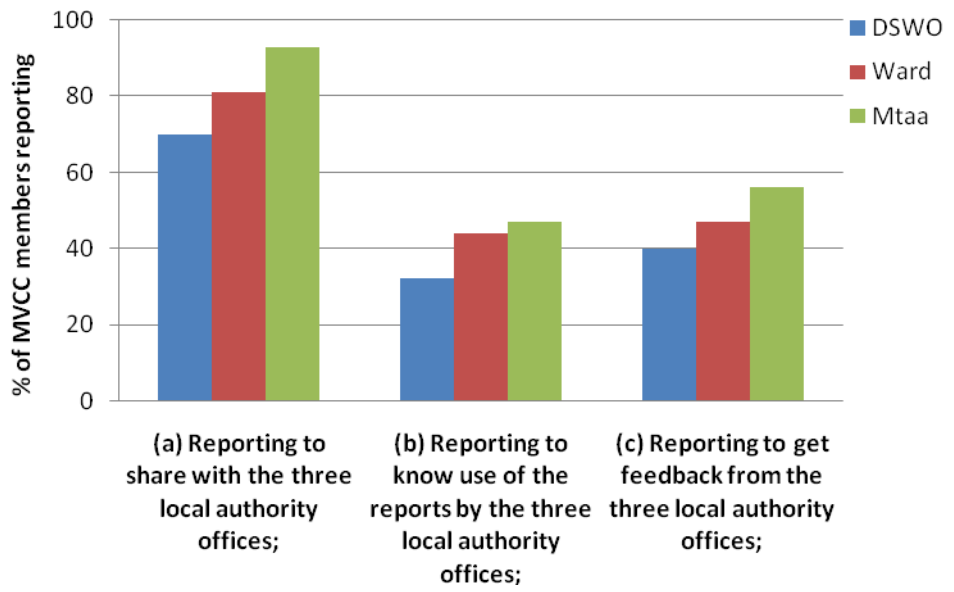
Nevertheless, findings have shown that MVCCs performance in almost all the mitaa is not at its best and is being affected by weaknesses in some of the key areas assessed as briefed below and detailed in the final report annexed.

(i) *General understanding of MVCC roles and responsibilities*: Although there are more than five roles of MVCCs which in general focuses on the coordination, support and supervision of all the MVC support activities within the mtaa, three key roles of MVCCs were mostly reported by all the groups interviewed. These included facilitating MVC identification, provision of care and support and community mobilization to outsource support for MVC. 48% of the MVCC members (n=27) and 72% of local authority leaders (n=13) reported current roles of MVCCs to be in both coordinating and providing direct services to MVC. The above shows a need to establish a clear understanding of roles and responsibilities of MVCCs among MVCC members, local government authorities and other implementing partners.

(ii) *Existence of realistic plans and their implementation*: To ensure that priority needs of MVC are addressed at appropriate time, MVCCs ought to develop action plans which will guide their coordination and supervision of MVC support activities. Most MVCC members and local authority leaders reported to develop these work plans. However majority of the beneficiaries interviewed knew nothing of the plans (58% of care takers, volunteers and MVC, n= 14). The local authority leaders have also raised their concerns on the non realistic nature of these work plans, plans not being reviewed regularly or not being implemented at all.

(iii) *Monitoring, data analysis and data use*: 81% of the MVCC members reported to regularly update their MVC registers (n=46). However, there was no consistency among members of same MVCC in any of the committee on how often they update registers. The proportion of MVCC members reporting to share reports, know its use and getting feedback from local authority leaders decreased as the reporting levels gets higher (close relationship with MEO than with DSWO, Figure 2). There is evidence for greater needs in capacity building of the MVCCs to improve their performance in monitoring, analysis and use of the collected information.

Figure 2: Distribution of MVCC members' responses to each of their reporting and feedback activity to different reporting levels.



(iv) *Challenges facing MVCCs*: Among the key reported challenges that face MVCCs were lack of funds to run committees' activities including providing incentive to members and the necessary working tools. Inadequate skills in planning, monitoring services, coordinating and advocacy for community and lack of better understanding of their roles and responsibilities were also mentioned as key obstacles to improving performance of MVCCs. Other challenges were related to shifting of MVCC members from one place to another, political influence on the formation and running of the committee and lack of support from top government officials in priotizing and supporting MVC issues.

The program has briefly shared on these findings in the MVC implementing partners' meeting and will share final report with the government and interested partners. The program will use these findings to develop capacity building plans for the newly established MVCCs in Ilala and Kinondoni Municipalities and for other existing MVCCs in our scale up regions.

Mapping of service providers in Ilala and Kinondoni Municipals

Analysis of the mapping exercise for service providers in 23 and 34 wards in Ilala and Kinondoni districts respectively has been finalized during this quarter. Apart from the local government administration offices such as WEO, CDO, agriculture and livestock office, ward health office and ward tribunal, there were 319 identified service providers during this exercise, who target children among other beneficiaries. Majority were non public organizations such as NGOs, private schools, health facilities and other privately owned institutions making 63% of all identified service providers (n=200). The remaining 37% were public institutes.

The exercise identified various types of services that were being provided including educational support, food support, advocacy for child and human right, orphanage and shelter services, vocational training services, health care, security services and other care and support services to the community in general. Some key specialized services such as sport facilities for youth, day care centers, care for disabled and legal support services for women and children were scarcely available in both municipals.

A pictorial presentation which categorizes service providers identified by both the type of services they provide and by wards has been developed, a copy of which can be seen in the mapping report annexed. A printout version will be shared and discussed with the district authorities to identify providers that currently have high interest and capacity to link with Pamoja Tuwalee local implementing partners in providing comprehensive care, support and protection to MVC. Since this mapping exercise aimed at identifying community service providers, no business partners were identified. Experiences and findings from this exercise will input programs' next quarter plans of mapping potential business partners to support MVC which will be done in partnership with Wanawake na Maendeleo (WAMA) and Association of Business Coalition (ABC)

Development of the MVC household needs and status assessment tool

During the previous years of implementing the National Costed Plan of Action (NCPA), most of the partners concentrated on providing direct services to the MVC than building the capacity of households to do so. Monitoring tools used such as Child Status Index (CSI) and the government MVC data collection tool only captures specific needs of an individual MVC in the household. However, it has been learned that assessing the needs of only the identified MVC without assessing the needs of the entire household, leaves some of the family needs unattended, hence slow down improvement of the wellbeing of the targeted MVC as well as undermines sustainability of services to MVC. Following these lessons, the program has found it necessary to support the government in assessing both the needs of MVC as well as the needs and strength of the entire household and develop capacity building plans for the households based on their assessed strengths and priority needs.

Therefore, during this quarter, the program in collaboration with the DSWO developed a tool to assess needs and strengths of MVC households. This household status and needs assessment tool, (***annexe C)*** has been used in line with the MVC data collection tool during the MVC identification exercise in Ilala and Kinondoni municipalities and later will be used to other program regions. The tool assesses six key thematic areas in each MVC household which are shelter, food and nutrition, economic strength of the household, health care, social protection & security and psychosocial care. This assessment also facilitated MVC households to identify their potentials in addressing needs of their children and those of the entire household. The collected data will be analysed and together with program's local implementing partners and DSWO, use the information to assist in MVC households' development plans.

Integration of GIS into the Program M& E system

The program has begun its preparations for integrating Geographical Information System (GIS) into the program M& E system. This is aimed at enabling the program to generate more informative scenarios for planning and evaluating progress using spatial information. During this quarter, identification of a consultant to build capacity of the program in setting up the GIS database and integrating it into the M&E system was done. There has been fruitful efforts in accessing spatial information already collected by other organization such as Measure Evaluation, hence minimize programs investment in setting this database. The program has also gained free access to FHI ArcGIS software.

Meetings with stakeholders

During this reporting period, the program has participated in various meetings with other stakeholders and has organized few of these meeting as detailed below;

- **Participation in the monthly MVC Implementing Partners Group (IPG) and Child Protection Working Group (CPWG) meetings:** FHI Pamoja Tuwalee staff continued to participate fully and provide contributions in both IPG and CPWG meetings. In the IPG, the program shared updates of program implementation. During the March IPG meeting, the program presented on the findings of the MVCC assessment conducted in Temeke, which was well received by other implementing partners. Most partners are eager to see the complete report, which we hope they will make use of to improve their community involvement in care provision and protection of MVC. Due to the program concerns on Street children as one overwhelming category of MVC in DSM, the program partly influenced the CPWG to discuss and define ways of addressing the needs of these children. The idea was well received and has been taken to the IPG for further action and already other partners are taking the issue seriously and looking for combined solutions.

- **Meeting with FHI UJANA program to discuss on areas of collaboration**: The program held a meeting with UJANA (FHI sister program) management, following on her recent access to USG funds for assisting OVC partners in Tanzania in integrating HIV/RH education and services into their OVC portfolios. The meeting aimed at sharing technical experience with UJANA on how they can best integrate HIV/RH education in Pamoja Tuwalee and other OVC programs. Besides discussing program's areas of collaborating with UJANA in providing age and gender appropriate HIV prevention education to MVC through children clubs, the program assisted UJANA in identifying other MVC providers and opportunities for integrating RH education in OVC programs.

- **Collaboration with social welfare officers from Ilala, Kinondoni and Temeke Municipalities**: The program has continued to collaborate well with the local government authorities in the implementation of the program. This quarter, the program has not only built capacity of the district in facilitating the revised costed MVC identification process, but has also gained good support in the implementation of this process from the SWOs. The process was conducted in a transparent approach that further instilled ownership by the local government.

For example, through a very transparent meeting with 10 DSWOs who are also district facilitators for the identification process, plan for the ID process was discussed and harmoniously agreed upon, despite the limited budget that could not accommodate the standard government rates – the participating SWOs decided to take lower rates so as to complete the exercise which is essential in reaching MVC.

The DSWOs also greatly contributed to the review of the household status and needs assessment tool, of which they also used to train ward facilitators in its use during the MVC ID process. Although the program is not being implemented in Temeke municipal council this year, the DED allowed their two DSWOs to participate and support Ilala and Kinondoni districts from the beginning to the end of the ID process and share their earlier experience.

- **Lobbying in for MVC support for health insurance within the district health system – Kinondoni district:** In this reporting period, the program met with the HIV/AIDS Coordinator for Kinondoni municipality to sell the idea of utilizing the council's health insurance for civil servants to address the MVC health needs. He tentatively saw it as a feasible idea and subsequently allocated time during the meeting of Health Facility Incharges to present and discuss the possibility. It was agreed that it can be done on costing sharing basis between the council and the program, allowing MVC and a limited number of their household members to be registered under the council civil servants insurance scheme. It was further agreed that once we complete the MVC ID process and establish the needs of individual MVC needs, Pamoja Tuwalee meets with the relevant council officials to discuss further on the issue, logistics and the process entailed.

- **RITA support with birth registration:** Follow up with RITA with regards to MVC birth registration was done during the quarter. According to RITA, their fiscal year ends in June hence do not have much funds remaining for the current year for financial assistance in birth registration. Also, they had already conducted birth registration campaigns in some wards of Kinondoni municipality. It was agreed that we avail data on MVC in need of birth certificates within our program areas so as to inform their plans for the next fiscal year that starts in July as well as their decision on whether to fund the activity fully or partily. This we intend to do once the analysis of household needs which has captured MVC without birth certificate is finalized.

- **Participation in meetings called by other stakeholders**:

As recognition to the program's technical contribution in OVC care, support and protection and the program's good partnership with other stakeholders, the program has continued to participate in meetings convened by other stakeholders aimed at improving care to MVC. In particular:

- The program was represented in REPPSI's regional stakeholders meeting held in Lusaka Zambia for reviewing and designing curriculum for certificate and diploma distant learning accredited course for MVC and youth community based workers. This is in response to addressing needs of qualified community workers in providing psychosocial support to vulnerable children and youth. Following up with the meeting, the program is among the tentative Tanzanian country team members to participate in further curriculum development meetings, steer the establishment of the course in Tanzania where a pilot is already conducted and prepare the groundwork for situating the course within a university in the country.
- FHI Pamoja Tuwalee was invited by the Ministry of Community Development, Gender and Children to participate in the orientation workshop aimed at creating avenue for MVC and other children stakeholders to internalize the Law of Child Act, 2009 and provide inputs on its implementation. The meeting took place in Morogoro for three days.
- As a key OVC implementer, FHI Pamoja Tuwalee through invitation from USAID participated and provided inputs on the USAID RFA proposal aiming at Improving Child and Maternal Nutrition in Tanzania. This USAID funding proposal is being developed to support the Government of Tanzania (GoT) to implement its National Nutrition Strategy.

Services and support provided to OVC, CSO &LGA

During this quarter, the program managed to provide some services to her targeted clients. As already reported in the earlier part of this report, through identification of MVC, different stakeholders were trained not only on identifying the MVC but also on the rights and welfare of children, monitoring and reporting MVC support services. The trained individuals include;

- 10 (1M, 9 F) district facilitators
- 95 (38 M, 57 F) ward facilitators
- 922 (480 M, 442 F**)** members of MVCCs

After identification of MVC and the establishment of MVCCs, the latter visited each identified MVC household among other things to verify MVC information provided. In the course of doing that, all MVC found at home were provided with some psychological support. This will be cemented further by the program staff, volunteers and MVCC members as they continue serving identified MVC. Estimated 3229 MVC (1,646 M and 1,583 F) were reached.

SUCCESSES

- The acceptance of the ID process is impressing given the limited budget in DSM where initially there was concern whether the process will be successful. Despite the initial resistance among some of the key players such as ward facilitators and even the newly selected MVCC members, negotiation, transparency and advocacy for community and individual response to 'lets bring up children together', beginning with identification of these vulnerable children, the process is promising in its completion.

- Production and sharing of MVCCs status and needs assessment report has generated meaningful discussion among MVC service providers and the government. The issue of MVCCs is of interest to many MVC service providers hence this report will be used not only by FHI Pamoja Tuwalee but also will benefit other stakeholders working in the area of MVC in Tanzania. A lot of appreciation on the work done has been received from most of the MVC partners including the government

CHALLENGES

Resistance in accepting the less costly identification process in Ilala and Kinondoni, where reference has been made many times to the more expensive process that was implemented earlier in Temeke by UNICEF and which was more accepted partly because of provision of high allowances for facilitators and other participants including MVCCs. This might impair efforts by other stakeholders to scale up MVC identification in the remaining wards.

Delays in the implementation of this ID process, has resulted it being done during the rainy seasons which has made it difficult especially in the occurrence of the public meetings to identify MVC and the house to house transect walk for assessing vulnerability of the identified children, prolonging the exercise for up to two extra days in some areas. Also, it delayed implementation of some activities planned for the quarter as they were to commence subsequent to the MVC ID process.

Difficulty in identifying a competent Public Private Partnership (PPP) personnel, to spearhead program's activities of advocating and soliciting MVC support from business partners in DSM.

KEY PLANNED ACTIVITIES FOR THE NEXT QUARTER.

- Facilitate training of the selected community volunteers from the local implementing partners.
- Continue lobbying for increased support for MVC though meeting with various district officers to identify areas of benefit for MVC households in their plans and for their inclusion.
- Train CSO and District staff on OVC DMS in all Ilala and Kinondoni districts
- Integrate GIS component into program M&E system
- Map business and companies at the district level in Ilala and Kinondoni
- Facilitate development and implementation of the capacity building plans for MVCCs
- Establish Economic strengthening plans for the households following up with findings from the household status and needs assessment.
- Support program implementation by WAMA and PASADA.
- Facilitate establishment of children clubs